

## ON THE

for the Year 1953

BY

Medical Officer of Health

AND

*Senior Sanitary Inspector*



Winchester Rural District Council

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# ANNUAL REPORT

ON THE

Health of the Rural District

for the Year 1953

BY

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

*Medical Officer of Health*

AND

FRANK HURST, M.S.I.A., C.R.S.I.

*Senior Sanitary Inspector*

## CORONATION OF HER MAJESTY QUEEN ELIZABETH

To commemorate Her Majesty's Coronation the Council decided in the autumn of 1952 to apply to the College of Herald's for a Grant of Arms, and the Vice-Chairman of the Council generously offered to present at the same time a Chairman's Badge of Office incorporating the Council's Arms.

The presentation ceremony took place in the Council Chamber on the 27th May, 1953, and was attended by members of the Council, the Mayor and Mayoress of Winchester, the Clerk of the Hampshire County Council together with the representatives of the parishes in the Rural District and others. The Deed assigning Armorial Bearings to the Council was read by the Clerk, after which the Chairman explained the meaning of the symbols incorporated therein. On the Shield are the Hampshire Rose, two sheaves of corn representing agriculture, a naval crown symbolising the two naval stations in the District, and two ships (lymphads) representing the shipbuilding and yachting activities of the south of the District adjoining Southampton Water. The border represents the River Itchen, that fine and beautiful waterway flowing through the District, with its trout and the watercress industry established in its upper reaches. In the Crest there is the English Lion rising from King Alfred's Saxon Crown and holding a five-pointed star representing the five principal committees through which the Council carry out their work. Last, but by no means least, there is the motto "Ardua Vince Merendo."

As a further mark of the occasion, the Chairman presented a Flag showing the Coat of Arms, to fly in the forecourt of the Council Offices on all public occasions and when the Council is in session.



# THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1953)

## Chairman of the Council :

\*Vice-Admiral E. J. HARDMAN JONES, C.B., O.B.E., J.P.

## Vice-Chairman of the Council :

\*Miss E. A. CHAMBERLAYNE, J.P.

## Members of the Council :

*Mr. W. H. ABRAHAM	*Mr. A. W. JURD
*Mrs. E. C. BIDEN	Major H. KENDALL, M.M., M.S.M.
Mr. B. BIGNELL	Cmdr. E. H. KITSON, R.N.
*Miss E. A. BUCHANAN-RIDDELL	Col. G. S. LEVENTHORPE, D.S.O.
Mr. F. H. BOOTH	Mr. N. J. P. LEWER
*Mr. G. CAMERON-BLACK	*Mr. C. H. LEWRY
Mr. J. COCKRAM	Mr. G. F. LONGMAN
*Mr. J. H. COOK	Lt.-Col. Sir WILLIAM MAKINS
*Sir G. COOPER, Bart., J.P., D.L. (Chairman of Health Committee)	Mr. J. S. MATTHEWS
Mr. R. F. H. COWEN	*Miss W. L. MOODY, J.P.
*Mr. G. E. S. CUBITT, C.B.E., J.P.	*Mr. W. G. MOORE
Col. W. P. S. CURTIS, O.B.E., D.L.	*Capt. R. C. E. NEYROUD
Mr. C. C. R. DIXON	Mr. G. C. PAIN, J.P.
Mr. P. J. EDMONDS	Mr. D. G. PUMFRETT
Lt.-Col. J. F. EDWARDS, O.B.E.	Mrs. F. ROUTH
*Mr. L. J. FORD	Mr. W. J. SCRASE
*Mr. W. FOX	*Mrs. P. M. SMITH
*Mr. J. FRAY	*Mr. C. STOCKWELL
Lt.-Col. G. A. E. GIBBS	Col. G. C. STOCKWELL
Mr. J. R. HARDING, B.Sc. (Eng.), M.I.E.E.	Capt. F. H. G. TUDOR-OWEN
Mr. C. R. HARRISON	Mr. W. TURNER
Mr. G. F. HOLMES	*Miss I. F. G. WALKER
	*Mr. C. WATTS, J.P., C.C.

\*Member of Health Committee

## Clerk of the Council :

Mr. R. W. PARTINGTON

May, 1954

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,  
WINCHESTER RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my eighth Annual Report on the health and sanitary circumstances of the Winchester Rural District.

A detailed account of the work of the department is given in the various sections of the Report. The final part, which describes more fully the work of the Sanitary Inspectors, has been contributed by the Senior Sanitary Inspector, Mr. Hurst.

I insert here a few general comments on points of interest, most of which are dealt with in more detail subsequently.

### **Population**

At mid-1953, the population of the Rural District had been estimated to be 48,160, the highest figure ever reached. It includes members of the armed forces stationed in the district and showed an increase of 4,290 over the census figure for 1951.

### **Infectious Diseases**

By the early part of the year, the 1952-53 epidemic of measles had reached its peak. Notifications totalled 1,323, the highest figure so far recorded. Whether or not there was a true increase over the 1951 figure of 1,044 is debatable. Part of the rise can be ascribed, of course, to the increased population at risk; perhaps it can be explained in part by the increasing attention to the need for notification. In general, I think it can be said that over the district as a whole, the epidemic was as widespread as any previously noted. Whether there will be a corresponding reduction in the next outbreak remains to be seen.

Diphtheria was again absent; no notification of this illness occurring in a resident in the area has been received since 1946.

Tuberculosis notifications show little change in number. Though deaths show a decrease, there is no room for apathy where the number of cases shows no similar tendency. In some quarters, the duties in regard to tuberculosis placed on a local medical officer of health are considered negligible and certainly, in practice, they contrast with the statutory powers he has in the control of other infectious diseases. It must not be forgotten that tuberculosis kills more people in the 15-44 years age group than any other disease. Despite the decrease in his statutory obligations, I believe he can still do much in

its control. At present, in this district, each new case coming to notice is visited, inquiry is made as to housing, sanitary and social conditions, questions are directed to try to elicit the source of infection—the root of the whole problem—and precautions are outlined in an endeavour to prevent the spread to others, probably more vulnerable, in the household. These records are often of value at a later date in regard to housing matters and in dealing with the other social problems which arise in a household afflicted with tuberculosis, the treatment aspect of which is only one facet of a major family disruption. The local health department can play a conspicuous part in what may become a social and family tragedy.

## Housing

I have little to add to my previous comments on this subject. The activities of the Housing Committee are praiseworthy.

At the close of 1953, the number of applicants totalled 1,751, a formidable figure but one which, I learn, was subsequently reduced by almost 300, representing lapsed applications. The largest concentration of applications remains in the six southern parishes, particularly in the Hound, Hamble and Bursledon group, due almost entirely to increased activity on the part of the aircraft industries in Hamble.

The pattern of demand has changed since the end of the war. The big family, living in overcrowded conditions, common in the late forties, has largely disappeared from today's list of applicants. Their place has been taken by the one child or childless family, reflecting, as it does, the increasing demand for a home of one's own and the need for housing policy to be geared to the present day and future structure of the family group; supply has to be correlated to demand not only in numbers but in location and type of housing provision made.

## Deaths

Owing to changes in the rules governing the procedure of transferable deaths as from the beginning of 1953, deaths occurring in Moorgreen Hospital, West End, are now included in the district total. The comparatively large number of deaths which occur there is reflected, therefore, in the increased crude and adjusted death rates. It is important that this point should be borne in mind in making comparison with other districts. The high death rate cannot be ascribed to an increased mortality risk in the population in general but to the presence of a large chronic sick hospital in our midst.



## General

The old adage reads "Prevention is better than cure" and prevention has been for long a basic duty of the local authority.

Some of the functions are of a general character such as health education and the study of housing in relation to tuberculosis, and the provision of a pure water supply. Some are specific— the immunisation of children against diphtheria, the control of infectious diseases and the application of laboratory discoveries to the preventive side of public health.

Preventive action, however, is recognised only when it is unsuccessful. The day to day work of the sanitary inspector is not dramatic, may be unrecognised and is often not appreciated. It is virtually impossible to estimate the result of his work in terms we can understand. He is one of the main channels for the propagation of knowledge of hygiene in the community and his work demands persuasive ability of a high order.

I acknowledge the assistance given by the sanitary inspectors and the clerical staff and, in concluding, would like to thank the Chairman and Members of the Health Committee for their kind consideration throughout the year.

I am,

Your Obedient Servant,

JOHN L. FARMER,

*Medical Officer of Health.*



## GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT

### Public Health Officers

Medical Officer of Health :

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Senior Sanitary Inspector :

FRANK HURST, M.S.I.A., C.R.S.I.

District Sanitary Inspectors :

S. H. BEYER, M.S.I.A., C.S.I.B.

H. J. SMITH, M.S.I.A., C.S.I.B.

Clerical Staff :

C. B. ASHMAN

MISS J. A. LEWIS (to 7th April, 1953)

MISS E. D. McHUGH (from 8th April, 1953)

Rodent Officer :

T. SAWKINS

Agricultural Rodent Inspector :

O. J. NORRIS

Rodent Operatives :

MRS. M. DAYSH

F. PASQUE

MISS B. START

MRS. K. UNDERWOOD

MRS. H. P. WELLS

### Engineer and Surveyor's Department

Engineer and Surveyor :

A. J. R. WATTS, A.F.A.S.

Deputy Engineer :

F. G. SMITH, A.M.Inst.H.E.

Deputy Surveyor :

L. R. NIPPIERD, A.F.S.E.

### Laboratory Services

Laboratory examinations relating to Bacteriology and Epidemiology are carried out by the Public Health Laboratory located at the Royal Hampshire County Hospital, Winchester (Telephone : 3807). The Director of the Public Health Laboratory, Dr. R. D. Mackenzie, was succeeded by Dr. H. T. Findlay in April, 1954. Chemical analyses, e.g. of water, sewage, etc., are carried out by the Analyst employed by Southampton County Borough Council,

## Ambulance Service

Under Section 27 of the National Health Service Act, the County Council is required to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness and mental deficiency, or expectant or nursing mothers from places in their area to places in or outside their area.

The area is provided for as follows :

<i>District</i>	<i>Ambulance Station</i>	<i>Telephone</i>
ALTON U.D. (covers Alton R.D.)	... Amery Street, Alton	... Aldershot 299
ANDOVER M.B.	... 1, Anton Road, Andover	... Winchester 2536
EASTLEIGH M.B.	... Town Hall Yard, Eastleigh	... Winchester 2536
WINCHESTER M.B.	... Kingsley Place, Stanmore	... Winchester 2536
WINCHESTER R.D.	... 10, St. Catherine's View, Hedge End	... Fareham 2170

All the above stations deal with the conveyance of infectious diseases.

If an ambulance is required in an emergency, the caller should ask for "Ambulance" and the telephone exchange will connect with the nearest ambulance station immediately. The station will then deal with the call either by sending an ambulance from their own station or from an adjacent station.

## Hospitals

In July, 1948, practically all hospitals were transferred to the Ministry of Health and put under the control of the Regional Hospital Boards ; in the case of Hampshire, under the South-West Metropolitan Regional Hospital Board. The Board is again divided into areas and Hospital Management Committees have been established for local administration.

To assist in admissions, a Bed Service Office has been set up at the Royal Hampshire County Hospital, Winchester. This office serves, among others, the following :

ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.  
WAR MEMORIAL HOSPITAL, ANDOVER.  
CRABWOOD SMALLPOX HOSPITAL, WINCHESTER.  
VICTORIA HOSPITAL, WINCHESTER.  
ST. PAUL'S HOSPITAL, WINCHESTER.

The following procedure applies for the admission of :

### (a) Acutely Ill Patients

Doctors may apply direct to the hospital of their choice for the

admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service Office. This office is open day and night (Telephone : Winchester 2261 and 2262 (between the hours of 8 a.m. and 10 p.m.) or Winchester 5151 (between the hours of 10 p.m. and 8 a.m.)). Demands for beds can be made there at any time.

### **(b) Chronic Sick**

There is a shortage of beds for such patients and it is therefore necessary to take into consideration the social as well as the medical condition of the patients.

In the event of a bed not being vacant, the Winchester Bed Service will place the patient's name on the waiting list and indicate medical or social priority, as the case may be. In the area of the Winchester Group Hospital Management Committee, if the predominant need for admission is on social grounds, the Hospital Social Worker will investigate the home conditions. As soon as a vacancy is found for the patient, the practitioner is informed and asked to confirm that admission is still required and that the patient can travel by ambulance. On receipt of such confirmation, arrangements for the transfer of the patient to the hospital will be undertaken by the Winchester Bed Service.

The County Welfare Officer has still a great deal to do with the home conditions of persons who are old or handicapped. If it is found that a person who had originally asked to be considered for admission to an Old People's Home is really a hospital case, the County Welfare Officer arranges that the person's name is included on the hospital waiting list.

### **(c) Infectious Diseases**

Cases of infectious disease from the Northern and Central areas of this District are admitted to the Victoria Hospital, Winchester, situated within the City of Winchester. From the Southern area, they go to the Southampton Isolation Hospital.

It is not the intention that uncomplicated cases of measles, chicken-pox, scarlet fever, german measles or mumps shall be admitted to infectious diseases hospitals unless the Medical Officer of Health supports such admissions. Applications should, in such cases, be made through the Medical Officer of Health.

Suspected cases of smallpox are reported in the first instance to the local Medical Officer of Health, who will arrange admission, if necessary, by notifying, in this area, the Winchester Bed Service.



(d) **Maternity**

Arrangements for urgent admission of abnormal cases are made by the general practitioner through the maternity department of the hospital. Non-urgent cases are seen at a consultant antenatal clinic. Patients for whom admission is required on social grounds are referred by general practitioners to the County Medical Officer.

(e) **Psychiatric Cases**

Doctors normally make an appointment for the patient to be seen at an appropriate hospital. In acute cases, where urgent action is required, and providing the patient is willing to enter hospital as a voluntary patient, arrangements should be made direct with the mental hospital concerned. Should the patient be unwilling to enter hospital, the assistance of the Duly Authorised Officer is sought. He will make any necessary arrangements for the patient's admission to a mental hospital or a hospital recognised for the purpose of a three-day Order. Information concerning officers in this district may be obtained from the County Medical Officer.

(f) **Mental Defectives**

Where institutional care is required, the County Medical Officer approaches the appropriate institution according to the recognised catchment area arrangements made by the Regional Hospital Board.

(g) **Tuberculosis**

All recommendations for the admission of tuberculous patients are normally made through the chest physicians who make appropriate recommendations concerning sanatorium or other treatment.

(h) **Convalescence**

Applications for convalescent treatment are normally made through the Hospital Service.

**Specialist Services in the Home**

Consultants and specialists are available for domiciliary consultations in those cases in which the patient's condition renders it essential on medical grounds.

**Mass Miniature Radiography**

Information regarding the services available can be obtained from the Medical Director, Health Centre, King's Park Road, Southampton.



## Clinics

Clinics are held as follows :

### (a) Child Welfare Clinics

<i>Centre</i>	<i>Hall</i>	<i>Days</i>
ALRESFORD	... Methodist Church Hall	... 1st and 3rd Tuesdays
BOTLEY	... The Catherine Wheel	... 1st and 3rd Wednesdays
BURSLEDON	... Parish Hall	... 3rd Tuesday
CHERITON	... Parish Hall	... 1st and 3rd Fridays
COLDEN COMMON	... Parish Hall	... 2nd Tuesday
CRAWLEY	... Village Hall	... 2nd Friday
FAIR OAK	... Women's Hall	... 2nd and 4th Thursdays
HAMBLE	... Memorial Hall	... 2nd and 4th Mondays
HEDGE END	... St. John's Rooms	... 2nd and 4th Tuesdays
HOUND	... Jubilee Hall, Netley	... 1st and 3rd Wednesdays
ITCHEN ABBAS	... Village Hall	... 2nd Thursday
KING'S WORTHY	... British Legion Hall	... 2nd and 4th Thursdays
MICHELDEVER	... Northbrook Hall	... 3rd Thursday
OWSLEBURY	... Village Hall	... 1st Thursday
SPARSHOLT	... Sparsholt Manor	... 1st Monday
SUTTON SCOTNEY	Victoria Hall	... 3rd Tuesday
WEST END	... Parish Hall	... 2nd and 4th Wednesdays
WORTHY DOWN	... Camp Hut	... 2nd Monday

All Child Welfare Clinics are held from 2 p.m. to 4 p.m.

### (b) Tuberculosis Clinics

WINCHESTER	... County Medical Department, The Castle, Winchester	... Wednesdays and Thursdays at 10 a.m. Wednesdays at 2.30 p.m. for new cases.
EASTLEIGH	... The Mount Sanatorium, Bishopstoke	... Tuesdays and Fridays at 9.30 a.m. Tuesdays at 2 p.m. for new cases.

### (c) Ante-natal Clinics

EASTLEIGH	... Red House, Romsey Road	... 1st, 2nd and 3rd Mondays at 2 p.m.
WEST END	... Parish Hall	... 1st Tuesday at 2 p.m.

**(d) Venereal Diseases Clinics**

WINCHESTER	... Royal Hampshire County Hospital	... Males : Saturdays at 10 a.m. Females : Tuesdays at 2 p.m.
SOUTHAMPTON	... Males : 1, Cardigan Road (off New Road)	... Daily at 9 a.m. Mondays to Fridays at 5 p.m.
	Females : Health Centre, Kings Park Road	... Mondays at 10 a.m. Tuesdays, Thursdays and Fridays at 2 p.m.

**SCHOOL HEALTH SERVICES**

**(e) Minor Ailments Clinics**

Cases attend clinics at Eastleigh and Winchester as follows :

EASTLEIGH	... Red House, Romsey Road	... Fridays at 9.30 a.m.
WINCHESTER	... 4, The Square	... Mondays, Tuesdays and Thursdays at 10 a.m.

**(f) Cleansing Clinics**

Cases attend clinics as follows :

ANDOVER	... Health Centre, Junction Road	Thursdays at 9.30 a.m.
EASTLEIGH	... Red House, Romsey Road	... Fridays at 9.30 a.m.
FAREHAM	... County Council Health Centre, West Street	... Fridays at 10 a.m.
WINCHESTER	... 4, The Square	... Wednesdays at 10 a.m.

**(g) Orthopaedic Clinics**

Cases attend clinics at Eastleigh, Fareham and Winchester.

**(h) Ear, Nose and Throat Clinics**

Cases attend the following :

Royal Hampshire County Hospital, Winchester.  
Royal South Hants Hospital, Southampton.  
The Children's Hospital, Southampton.

**(i) Dental Clinics**

Clinics are held in various centres for treatment of local children.

**(j) Child Guidance Clinics**

Cases attend by appointment at the following centres :

EASTLEIGH	... Red House, Romsey Road.
WINCHESTER	... Trafalgar House, Trafalgar Street.

**(k) Ophthalmic Clinics**

Cases attend by appointment at the following centres :

EASTLEIGH ... Red House, Romsey Road.  
WINCHESTER ... Trafalgar House, Trafalgar Street.

**(l) Speech Therapy Clinics**

Cases attend clinics at Winchester and Southampton by arrangement with the County Medical Officer.

## NURSING IN THE HOME

The names of the District Nurses, Midwives and Health Visitors who practise in the district under the direction of the County Medical Officer are shown in the following table :

<i>Name and Address of Nurse</i>	<i>District Served</i>	<i>Name of Health Visitor</i>
Mrs. O. C. Tomkins, S.R.N., S.C.M., 16 Wood Lane Close, Bramdean. Tel. : Bramdean 204.	Beauworth Bramdean Cheriton Kilmeston Tichborne	
Miss S. J. Adams, S.R.N., S.C.M., Q.N., 40 Ashburton Place, New Alresford. Tel. : Alresford 150.	Bighton Bishops Sutton New Alresford Northington Old Alresford	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate.
Miss E. Willey, S.C.M., 2 New Council Houses, Itchen Stoke. Tel.: Itchen Abbas 284.	Itchen Stoke and Ovington Avington and Itchen Abbas	
	Chilcombe	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
	Martyr Worthy and Easton	
Miss F. M. Calvert, S.R.N., S.C.M., 7 Tovey Place, Kings Worthy. Tel. : Winchester 4884.	Abbotts Barton Kings Worthy Headbourne Worthy	Mrs. A. Noble, S.R.N., S.C.M., R.S.I. Certificate.
	Crawley Littleton	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.



# Nursing in the Home *(continued)*

<i>Name and Address of Nurse</i>	<i>District Served</i>	<i>Name of Health Visitor</i>
Miss J. Maskery, S.C.M., 461 Fair Oak Road, Fair Oak. Tel. : Fair Oak 71.	Colden Common	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
Miss H. Spurr, S.R.N., S.C.M., Q.N., Nurses Cottage, Twyford. Tel. : Twyford 3114.	Fair Oak	Miss E. J. Read, S.R.N., S.C.M., R.S.I. Certificate.
	Otterbourne	Miss B. M. Watson, S.R.N., S.C.M., R.S.I. Certificate.
	Compton	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate.
	Owslebury	
	Twyford	
Miss E. Hughes, S.R.N., S.C.M., Q.N., 13 Taplings Road, Weeke, Winchester. Tel. : Winchester 3117. (General Nursing.) Mrs. Sandys, S.R.N., S.C.M., 8 Westmans Road, Weeke, Winchester. Tel. : Winchester 3855. (Midwifery.)	Sparsholt	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
Miss Dabner, S.R.N., S.C.M., 13 Taplings Road, Weeke, Winchester. Tel. : Winchester 3117. (General Nursing.) Mrs. H. Oliver, S.C.M., 18 Minden Way, Stanmore, Winchester. Tel. : Winchester 2545. (Midwifery.)	Hursley	Miss B. M. Watson, S.R.N., S.C.M., R.S.I. Certificate.

## Nursing in the Home *(continued)*

<i>Name and Address of Nurse</i>	<i>District Served</i>	<i>Name of Health Visitor</i>
Miss G. Wagstaffe, S.R.N., S.C.M., Q.N., The Beeches, Sutton Scotney. Tel. : Sutton Scotney 203.	Micheldever	Mrs. J. Hutchinson, S.R.N., S.C.M., R.S.I. Certificate.
Miss D. Stoyell, S.C.M., "Leehurst," Botley. Tel. : Botley 15.	Wonston	Miss E. Brady, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. G. G. Morgan, S.R.N., S.C.M., 10 St. Catherine's View, Hedge End. Tel. : Botley 239.	Botley	
Miss A. White, S.C.M., Glebe Farm, Horton Heath. Tel. : Fair Oak 81.	Hedge End	Miss P. Jenkins, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. M. Bamber, S.R.N., S.C.M., Q.N., 8 Heath Place, Butlock's Heath. Tel. : Hamble 3281.	West End	
Miss F. M. Dane, S.C.M., 1 Jarvis Fields, Bursledon. Tel. : Bursledon 364.	Hound	
Miss M. Morton, S.R.N., S.C.M., Q.N., 46 Verdon Avenue, Hamble. Tel. : Hamble 2193.	Bursledon	Miss E. Chick, S.R.N., S.C.M., R.S.I. Certificate.
	Hamble	

## STATISTICS OF THE AREA

Area	...	...	...	...	110,436 acres
Rateable Value	...	...	...	...	£322,985
Sum represented by a penny rate	...	...	...	...	£1,306 16s. 3d.
Population	...	...	...	...	48,160
Number of inhabited houses	...	...	...	...	12,650

## GENERAL FEATURES

This is the largest Rural District in Hampshire, extending for some twenty-four miles from north to south and some fifteen miles from east to west at its broadest part.

Topographically the area is remarkably diversified, covering over 110,436 acres of Central Hampshire. It embraces the valley of the River Itchen from its source in the north-east to its mouth at Southampton. To the north of Winchester the country is open and rolling and predominantly chalkland. South of Winchester the chalk dips down and the London clay comes to the surface at Colden Common and Fisher's Pond.

The whole district is mainly agricultural but, whereas in the north and east the land is mainly arable, in the parishes of Botley, Bursledon, Fair Oak, Hedge End, Hound and West End, there is a large proportion of market gardening, smallholdings and fruit-growing areas. In the Itchen Valley, which extends the whole length of the district, there is an area of land devoted to dairy farming and in the parishes of the upper part of this valley are areas devoted to watercress growing. In the south there are several industries, namely, Folland's Aircraft, Fairey Aviation and Shell-Mex and several boat-building firms at Hamble and Bursledon. Across Southampton Water, in the New Forest Rural District, is situated the Esso Oil Refinery.

## VITAL STATISTICS

### Live Births

	1953			1952		
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
live births (legitimate) ...	418	371	789	352	332	684
live births (illegitimate) ...	15	12	27	14	17	31
Totals	433	383	816	366	349	715

The Live Birth Rate per 1,000 of the estimated population was 16.9 compared with 15.5 for the whole of England and Wales. The figure for this district for 1952 was 15.6 per 1,000 population.

In order to compare the local birth rate with that of other areas it is necessary to apply a comparability factor which, for this district, is 1.05. The standardised birth rate is therefore 17.7.

### Still Births

				1953			1952		
				M.	F.	Total	M.	F.	Total
Still births (legitimate)	...			4	3	7	13	4	17
Still births (illegitimate)	...			—	—	—	—	1	1
				—	—	—	—	—	—
Totals	...	...		4	3	7	13	5	18
				—	—	—	—	—	—

The Still Birth Rate per 1,000 total births was 8.5 compared with 22.4 for the whole of England and Wales.

### Deaths

Male	...	...	...	...	...	...	...	...	...	379
Female	...	...	...	...	...	...	...	...	...	318
										—
Total	...	...	...	...	...	...	...	...	...	697
										—

In 1952, deaths totalled 451. Excluding deaths among patients in Moorgreen Hospital, but including those whose place of residence before admission was within the Rural District, the total number for 1953 was 474, an increase of 23 on 1952.

The change in the rules governing the transferability of deaths introduced at the beginning of 1953, has significantly affected the crude and adjusted local death rates for 1953 in those areas which contain comparatively large chronic sick hospitals. The mortality risk among the inmates of Moorgreen Hospital is undoubtedly higher than in the remainder of the Rural District's population as a whole.

The following table shows the position :



<i>Death Rate</i>	1953				1952
	<i>Winchester Rural District</i>		<i>England and Wales</i>	<i>Great Towns</i>	<i>Winchester Rural District</i>
	<i>Including Moorgreen Hospital</i>	<i>Excluding Moorgreen Hospital</i>			
	Crude     ...     ...     ...	14.5	9.8		9.9
Standardised     ...     ...	12.6	8.5	11.4	12.2	8.6

Number of Deaths (including Moorgreen Hospital)     ...     ...     697

Number of Deaths (excluding patients in Moorgreen Hospital, whose place of residence before admission was not within Winchester R.D.)     474

<i>Causes of Death</i>						<i>Male</i>	<i>Female</i>
1.	Tuberculosis, respiratory	...	...	...	...	5	3
2.	Tuberculosis, other	...	...	...	...	—	—
3.	Syphilitic disease	...	...	...	...	2	—
4.	Diphtheria	...	...	...	...	—	—
5.	Whooping Cough	...	...	...	...	—	—
6.	Meningococcal infections	...	...	...	...	—	—
7.	Acute Poliomyelitis	...	...	...	...	—	1
8.	Measles	...	...	...	...	—	—
9.	Other infective and parasitic diseases	...	...	...	...	1	2
10.	Malignant neoplasm, stomach	...	...	...	...	5	4
11.	Malignant neoplasm, lung, bronchus	...	...	...	...	13	—
12.	Malignant neoplasm, breast	...	...	...	...	—	8
13.	Malignant neoplasm, uterus	...	...	...	...	—	3
14.	Other malignant and lymphatic neoplasms	...	...	...	...	33	18
15.	Leukaemia and aleukaemia	...	...	...	...	3	—
16.	Diabetes	...	...	...	...	1	3
17.	Vascular lesions of the nervous system	...	...	...	...	46	42
18.	Coronary disease, angina	...	...	...	...	50	30
19.	Hypertension with heart disease	...	...	...	...	7	10
20.	Other heart disease	...	...	...	...	73	80
21.	Other circulatory disease	...	...	...	...	19	17
22.	Influenza	...	...	...	...	3	14
23.	Pneumonia	...	...	...	...	12	13
24.	Bronchitis	...	...	...	...	35	13
25.	Other diseases of the respiratory system	...	...	...	...	5	3
26.	Ulcer of stomach and duodenum	...	...	...	...	4	—
27.	Gastritis, enteritis and diarrhoea	...	...	...	...	—	3
28.	Nephritis and nephrosis	...	...	...	...	4	2
29.	Hyperplasia of prostate	...	...	...	...	1	—
30.	Pregnancy, childbirth, abortion	...	...	...	...	—	1
31.	Congenital malformations	...	...	...	...	4	3
32.	Other defined and ill-defined diseases	...	...	...	...	39	37
33.	Motor vehicle accidents	...	...	...	...	4	1
34.	All other accidents	...	...	...	...	6	7
35.	Suicide	...	...	...	...	4	—
36.	Homicide and operations of war	...	...	...	...	—	—
Total (all causes)						379	318

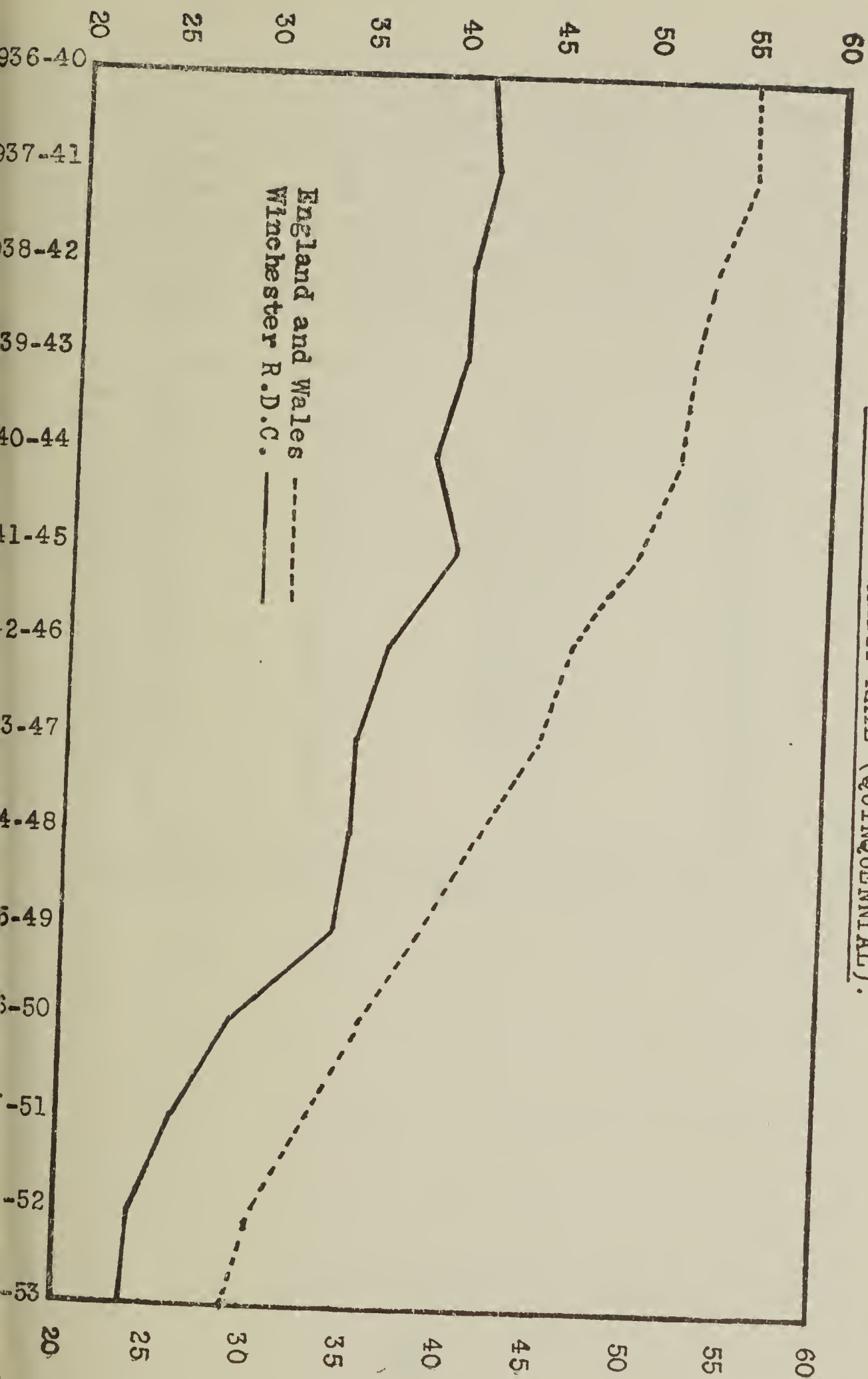
## Infant Mortality

This is defined as the deaths under one year of age registered in the calendar year per 1,000 live births.

Deaths of infants under one year of age were as follows :

						<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	16	9	25
Illegitimate	...	...	...	...	...	1	—	1
Totals						17	9	26

# INFANT MORTALITY RATE (QUINQUENNIAL).



The death rate of infants under one year of age was 31.8 per 1,000 live births compared with 26.8 for the whole of England and Wales. As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered reasonably reliable. The following table shows the rate since 1938 in this district compared with the rates in the great towns and the rates for England and Wales. The figures in brackets and the graph show the rate for this district as compared with England and Wales, each over a five-year period :

<i>Year</i>	<i>Winchester R.D.C.</i>	<i>Great Towns</i>	<i>England and Wales</i>
1938	36.8 (41.4)	57	53 (55.2)
1939	35.6 (41.9)	53	50 (55.4)
1940	48.3 (40.7)	61	56 (53.6)
1941	46.5 (40.5)	71	60 (52.8)
1942	36.4 (39.2)	59	49 (52.0)
1943	35.8 (40.3)	58	49 (50.0)
1944	29.2 (37.1)	52	46 (46.6)
1945	53.7 (35.7)	54	46 (45.0)
1946	30.5 (35.2)	46	43 (42.0)
1947	29.3 (34.6)	47	41 (39.2)
1948	33.7 (29.0)	39	34 (36.0)
1949	25.8 (26.3)	37	32 (33.4)
1950	25.8 (24.1)	34	30 (30.8)
1951	16.8 (23.7)	34	30 (29.4)
1952	18.2	31	28
1953	31.8	31	27

In 1903 the infant mortality rate was 90.9 in this district.



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Incidence of Commoner Infectious Diseases since 1941

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro spinal Fever	Ophthalmia Neonatorum	Dysentery
1941	13	41	22	568	177	7	—	8	2	4	8	—
1942	4	57	16	149	37	7	1	6	—	2	7	—
1943	2	63	27	562	142	10	2	17	—	—	6	2
1944	2	55	15	61	49	4	—	5	1	2	6	23
1945	2	49	23	675	115	3	1	8	—	1	1	1
1946	2	38	25	75	72	1	—	8	—	2	4	—
1947	—	27	18	448	49	1	11	6	—	—	3	—
1948	—	25	8	371	135	2	1	5	—	—	1	—
1949	1	27	21	634	91	—	6	1	—	—	1	—
1950	—	29	10	42	224	—	1	7	—	—	—	—
1951	—	12	13	1,044	195	1	—	4	—	1	—	26
1952	—	26	6	262	167	1	—	5	—	1	—	1
1953	—	55	11	1,323	154	2	6	2	—	1	—	2

The following table shows the rate of incidence per 1,000 population of certain infectious diseases in the district compared with the whole of England and Wales :

<i>Disease</i>	<i>Winchester R.D.C.</i>	<i>England and Wales</i>
Diphtheria ... ..	—	0.01
Scarlet Fever ... ..	1.14	1.39
Pneumonia ... ..	0.22	0.84
Infantile Paralysis ... ..	0.12	0.11
Enteric Fever ... ..	—	0.01
Measles ... ..	27.47	12.36
Whooping Cough ... ..	3.19	3.58
Erysipelas ... ..	0.04	0.14

### Infantile Paralysis

Six cases were notified by practitioners in this district during 1953 and a further six occurred in residents of the district who were admitted to hospital, from which word was received. Cases were scattered and varied in the degree of severity; there was one death. Little is at present known about the method of spread of this infection which is the subject of extensive research in this country. Investigations were carried out by the Medical Research Council into the one case occurring in the district who had been immunised against diphtheria and whooping cough a few months before the onset of the illness.

### Measles

Notifications in 1953 totalled 1,323, the highest figure recorded since notifications began in 1940. The following table shows the rise and fall in the incidence of the disease during the winter of 1952-53 :

<i>Month</i>	<i>Number of Cases</i>
October, 1952 ... ..	1
November, 1952 ... ..	6
December, 1952 ... ..	118
January, 1953 ... ..	570
February, 1953 ... ..	484
March, 1953 ... ..	135
April, 1953 ... ..	90
May, 1953 ... ..	7

As can be seen, the epidemic reached its peak in January. No death was reported. The incidence usually shows a periodicity, being high every second or third year. Although the death rate in 1953 was nil, that in itself is no measure of the seriousness of the disease. Much chronic ill-health can be ascribed to it and the effects on a

small child have only to be seen for it to be realised how damaging and serious can be its manifestations.

Copies of notifications are sent as a routine to the County Council Health Visitor so that she may be in a position to advise. In time of epidemic and with her detailed knowledge of the families in the area, she can select those who, in her opinion, might benefit from advice.

## **Whooping Cough**

The figures for notifications do not decline with the passing of the years. It may well be that cases are more assiduously notified than formerly : it may be, too, that resort is made more often to medical advice than in bygone years.

Whooping Cough is a serious illness and damaging in its effect to the health of the young child. The Chief Medical Officer of the Ministry of Health in 1951 reported that investigations to test the value of vaccines were being continued, but until their potency could be easily standardised, it was not likely that whooping cough immunisation could be begun on the same footing as that for diphtheria immunisation. There is undoubtedly a growing demand for whooping cough immunisation and favourable comment is made by parents of children who have been treated. It is generally accepted that immunisation, though not a certain preventive, definitely modifies the course of the disease.

## **Scarlet Fever**

The figures show the highest incidence in the last nine years, though much less than twenty years ago when scarlet fever was a much more severe disease than at present. Few cases are admitted to hospital and not now because of the severity of illness but on account of other factors in the home.

The procedure of notification enables steps to be taken to prevent spread. Action is taken to prevent risk to milk and food supplies, and to enable contacts to stay off work if their continuation would be likely to cause spread.

In general, cases have been mild ; the rate of incidence in this district was 1.14 per 1,000 population, compared with 1.39 per 1,000 population in England and Wales.

## **Diphtheria**

For the seventh successive year, no case has occurred in the rural district ; fifty years ago, two cases, one fatal, occurred in a population of 8,999 ; in 1939, there were twenty-three cases. Free-



dom from diphtheria can be maintained only so long as there is a high degree of immunisation in the child population. Parents who have never heard of a case of diphtheria are not likely to view the disease with the gravity it deserves. So far, there is no lack of response to propaganda methods, but this pressure requires to be continuous. By means of leaflets, posters and the personal persuasion of doctors and health visitors, the message is driven home. Periodically, slides showing local immunisation facilities, are displayed at cinemas in the district, the Abbey Cinema, Netley and the Civic Cinema, Alresford, by kind arrangement with the managers.

Re-inforcing injections given during 1953 show a considerable increase ; the rise is fortuitous and is not likely to be repeated in 1954.

The percentage of children under fifteen years of age immunised in the district is 77.1. The vast majority are being treated before admission to school. The number of primary inoculations given to children of school age was 91 ; the aim is to secure that primary inoculations are given in pre-school years and, most desirable, before the end of the first year of life.

The following table shows the number of cases and the number of children immunised since 1940 :

Year	Number of children immunised				Number of cases	
	Primary			"Boosts"	Winchester R.D.C.	England and Wales
	under 5	over 5	Total			
1940	71	24	95	—	5	46,281
1941	399	3,173	3,572	—	13	50,797
1942	423	468	911	—	4	41,404
1943	486	262	748	—	2	34,622
1944	481	220	701	—	2	23,199
1945	459	137	596	21	2	18,596
1946	491	322	813	38	2	11,986
1947	549	198	747	608	—	5,609
1948	754	254	1,008	1,510	—	3,575
1949	660	219	879	919	1	1,897
1950	639	116	755	824	—	980
1951	686	78	764	861	—	699
1952	672	117	789	1,020	—	375
1953	680	91	771	1,527	—	240

Of the estimated child population under five years of age 56.1 per cent have been immunised ; of those between five and fifteen years 90.5 per cent have been immunised.



## ADMINISTRATION OF THE SCHEME

### **Pre-school Children**

A list of births is compiled from the returns of the registrars and from notification of birth cards sent to me by the County Medical Officer.

When a child reaches the age of six months, a card is sent to the parents containing information and advice on immunisation and a detachable consent card. Parents complete this card, stating whether they wish their child immunised by their own doctor or at a child welfare centre. Where their own doctor is preferred, details are sent to him requesting him to carry out this treatment. Where the parents wish to have the child immunised at a welfare centre, the details are sent to the doctor in charge of the centre ; cards are returned to this office when the treatment has been completed.

### **School Children**

At approximately yearly intervals, consent cards are sent to each school in the Rural District and distributed to the children. These cards are completed by the parents if they require the child to be immunised or to receive the single re-immunising dose. The cards are returned to the Head Teacher of the school and forwarded to the Health Department. Arrangements are then made for an immunisation clinic to be held at the school.

# TUBERCULOSIS

Tuberculosis is a notifiable disease. Practitioners may notify the Health Department on the appropriate form ; in some cases the patient may remove into the district and this case is notified by the former local authority ; sometimes the information comes indirectly. The majority of cases are notified by the practitioner, i.e. primary notifications.

The advantage of notification is that special attention can be given without delay ; the house is visited by the tuberculosis visitor, who ascertains the contacts and the housing conditions. Provision is made for priority food for notified cases.

In cases of non-pulmonary tuberculosis, investigation may, if necessary, be carried out regarding the milk supply.

In England and Wales during 1953 the death rate from all types of tuberculosis was 0.20 per 1,000 population ; in this district it was 0.17 per 1,000 population.

The following table refers to new cases, cases transferred to the district and mortality during the past six years :

Year	New Cases					Transferred to District					Deaths				
	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total	Pulmonary		Non-pulmonary		Total
	M	F	M	F		M	F	M	F		M	F			
1948	9	9	4	1	23	3	4	—	1	8	6	5	—	1	12
1949	21	9	3	4	37	11	1	—	1	13	4	4	2	1	11
1950	18	3	3	3	27	5	4	—	1	10	11	4	1	—	16
1951	12	17	5	5	39	8	2	—	2	12	6	1	1	2	10
1952	10	19	2	2	33	4	2	1	—	7	6	3	—	—	9
1953	13	16	3	1	33	6	7	1	1	15	5	3	—	—	8

It will be observed that the number of new male pulmonary cases is below the average for the preceding five years. The number of new female pulmonary cases still shows a rise above the average for the previous five years, although the significance of this rise cannot be accurately assessed on account of the small numbers.

The number of new cases, according to age, notified during the year is shown in the following table :

Age	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
Under 1 year ...	—	—	—	—	—
1-4 years ...	—	1	1	—	2
5-14 years ...	3	—	1	1	5
15-24 years ...	3	3	—	—	6
25-34 years ...	3	9	—	—	12
35-44 years ...	3	1	—	—	4
45-54 years ...	1	—	—	—	1
55-64 years ...	—	1	1	—	2
65 years and over	—	1	—	—	1

It will be observed that the average increase in the pulmonary form has occurred chiefly in adult women.

The following table shows the position at 31st December, 1953, compared with the position at 31st December, 1952 ; too much significance should not be placed on the statistics as the criterion for removal from the register may be a matter of opinion. It is felt that the total number of cases is artificially high.

	Pulmonary			Non-pulmonary			Total
	M.	F.	Total	M.	F.	Total	
Number on register at 31st December, 1952	145	84	229	25	31	56	285
Additions during the year	19	23	42	4	2	6	48
Removals during the year	5	3	8	1	1	2	10
Number on register at 31st December, 1953	159	104	263	28	32	60	323



In prevention, of the many preparations used for inoculation, only one, B.C.G. has been adopted on a wide scale. At the moment control tests are being conducted by the Medical Research Council. Towards the end of the year, the Minister of Health indicated that he was prepared to approve the extension of the arrangements to include the offering of B.C.G. vaccination to older school children.

Despite advances in the chemotherapy of the disease, the aim is still prevention. It is a matter of housing, immunisation, segregation and hygiene. The patient in his treatment is educated in prevention and in the natural history of the disease. He knows how to combat the disease and prevent its spread. Perhaps of most importance is the unearthing of the infecting source.

During the year, several families in which tuberculosis was present were rehoused. It is difficult to assess the needs of the tuberculous in relation to the vast number of applications for housing, many of which are accompanied by certificates of varying degrees of medical urgency. It is necessary to ensure that alternative housing accommodation for tuberculosis cases is justified, as good housing is about equally essential to the healthy to prevent breakdown.

## FOOD HYGIENE

No food poisoning was notified during the year under review.

The close liaison in existence between the Ministry of Food and the Health Department has been maintained. An applicant for a catering licence is required to state on the form whether or not the premises are regarded by the local authority as suitable for the proposed purpose.

There is need for constant propaganda to secure clean and safe food. For this, the war was to a great extent responsible, in two ways ; first, by lowering the standards of food preparation and secondly by encouraging people, through food rationing and otherwise, to have meals out of the house. This habit has persisted and even in the home much of the food is prepared long before it is eaten. Such practices carry an increased risk, unless sufficient precautions are taken. Much has been written on this subject ; much work has been done by various officials. Clean and wholesome food can be prepared in poor surroundings, but unclean food comes also from premises where there is adequacy of equipment. Cleanliness of the person is of more importance than chromium plate. The Sanitary Inspector is the key adviser on methods. He is in contact with those who can understand and implement the principles of clean



food preparation. Explanation and advice are of more lasting good than the label, the lecture or the lavatory poster, although these three play their part, but if not backed by understanding of the reason for personal cleanliness, they are of little value. To know why we advise "Now wash your hands" is of more importance than the mere exhortation. Much can be done by the public themselves ; they can be the judges of the good or the bad. Few premises allow their kitchens to be visited, but one could speculate on the effect it might have on food hygiene if the customer could see behind the scenes.

Propaganda has continued as before. Of great value is the day to day influence of the doctor and health visitor in the home, the sanitary inspector in the restaurant kitchen and the teacher in the school. Much of the success of any food hygiene campaign is attributable to their patient efforts.

The following table shows the number of food premises, etc., by type of business in the area :

<i>Cafes, etc.</i>	<i>General Stores</i>	<i>Bakers</i>	<i>Butchers</i>	<i>Premises registered under Section 14, Food and Drugs Act, 1938</i>		<i>Number of dairies registered under the Milk and Dairies Regulations, 1949</i>	<i>Number of inspections of registered food premises</i>
				<i>Ice-cream</i>	<i>Preserved Food</i>		
44	99	18	18	94	26	13	111

## Method of Disposal of Condemned Food

Fresh or imported meat found to be unsound under the weight of 50 lb. is cut up and sterilised for animal feeding. Larger quantities are returned to the Ministry of Food Distribution Depot at Winchester.

Canned food condemned is opened and removed for disposal by our own refuse collection staff.

## CIVIL DEFENCE

Little change has taken place since the last report. Training of recruits for the ambulance service includes (i) Basic Ambulance Section training and (ii) a full course of First Aid. On completion of this training, volunteers are given elementary instruction in ordinary ambulance work.

At the close of the year, recruits totalled 28 (12 men and 16 women). 11 had completed their Basic General and First Aid Training. Of these, 5 were being trained to drive ; the remainder were already considered competent.

Towards the end of the year, some thought was being given to a re-organisation of the Civil Defence Corps in the County with the appointment of Area Civil Defence Officers, who would undertake with their staff some of the work performed by the District Council.

## BYELAWS

The following byelaws were in operation in this district as at 31st December, 1953 :

<i>Series</i>	<i>Date of confirmation</i>
Tents, Vans and Sheds, etc., Byelaws ... ..	4th August, 1937.
Byelaws for the Handling, Wrapping and Delivery of Food, etc. (Food and Drugs Act, 1938, Section 15)	11th April, 1950.
Byelaws for preventing waste, undue consumption, nuisance or contamination of water (Water Act, 1945, Section 17) ... ..	4th December, 1950.
Building Byelaws under the Public Health Act, 1936	27th May, 1953.

## FAWLEY REFINERY

Early in 1953, the Hamble Parish Council reported that very many complaints were being received from parishioners about the foul smell from the Esso Refinery, Fawley. On humid days it was described as being heavy, persistent and objectionable. The Inspector of Alkali, &c. Works, Ministry of Housing and Local Government, was approached and he gave an assurance that everything possible was being done to remove cause for complaint. In a further letter to the County Medical Officer of Health in February, 1953, he stated that the main volumes of foul gas were adequately looked after and

treated so that they could cause no offence to the neighbourhood. Very recently it had appeared that the discharge of a comparatively small quantity of water that had been in contact with malodorous gases with the general refinery effluent (and which it was thought would be sufficiently diluted with "clean" effluent to prevent its discharge from giving rise to a smell complaint) might have been the cause of some of the complaints received. Work was then in hand to permit of this effluent being blown with air to free it from the malodorous gases before discharge. The foul gases released by the air blowing were taken to one of the furnaces to ensure destruction of the smell.

Representatives of this Council, it was arranged, would meet representatives of Fareham Urban District Council, whose area was also affected, but the proposed meeting was postponed on learning that the present extension of the refinery would not be completed till the late autumn. At the end of the year complaints were still being received.

Perhaps the following extract relating to "Paraffin Oil Works"—taken from the 1952 Annual Report on Alkali &c. Works presented to the Minister of Housing and Local Government—may help to show the difficulties :

"The expansion of the country's refining capacity discussed in earlier Reports has continued and complaint has been made against a number of works. It is difficult to secure a substantial abatement and well nigh impossible to secure a complete suppression of malodorous gaseous discharges. The main potential sources of smell can be dealt with by collection and burning of process gases, with recovery of sulphur where appropriate ; by treatment of breather gases either by burning or by scrubbing with hypochlorite and by deodorisation of liquid effluents before discharge. There remains, however, a residual odour due to the cumulative effect of a number of minor leakages from pumps, pipe lines, etc. The systematic tracking and eradication of these individual sources is often a long and difficult task."



# ANNUAL REPORT

for the year 1953

by the

SENIOR SANITARY INSPECTOR



May, 1954.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,  
WINCHESTER RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1953, showing the progress made in the field of environmental hygiene during the year.

I am indebted for the assistance of the staff and the active co-operation of members of other departments of the Council, which has facilitated the production of the report and I wish to thank them for their assistance.

I am,

Your obedient Servant,

FRANK HURST,

*Senior Sanitary Inspector.*

## HOUSING

### Housing Acts, 1936-49

The housing repair problem has continued to frustrate any efforts in the majority of cases to preserve a pre-war standard of fitness. The high cost of carrying out repairs has precluded cottage property being kept in all respects fit for human habitation at reasonable cost. Such items of repair as were necessary to safeguard the health of the occupants have been carried out during the year.

It is noted with satisfaction that many more private owners have taken advantage of a grant of public money under the Housing Act, 1949, to improve their properties. Applications have increased threefold on last year's figure.

Number of applications received	...	...	30
Number of grants made by the Ministry	...	...	16
Total sum of monetary grants approved	...	...	£3,908 2s. 6d.

### Housing Allocation Scheme

There still exists a growing demand for housing accommodation, chiefly from young married people, many of whom reside in lodgings and are employed in factories in the southern part of the district. The "need factor" is operated equitably and predominantly through all classes of applicants by the Housing Committee, and the Inspectorate still continues to examine closely the environmental conditions of each applicant.

Statistics are as follows :

(a)	New Council houses occupied during the year	...	...	164
(b)	Number of agricultural workers allocated houses during the year	...	...	2
(c)	Number of families rehoused from camp hutments	...	...	45
(d)	Number of hutments demolished	...	...	41
(e)	Number of "live" applications for accommodation as at 31st December, 1953	...	...	1,751

### Provision of New Houses

152 houses and 12 flats have been erected for the Council in the undermentioned parishes during the year, as follows :

Hedge End	...	46	Colden Common	...	8
Hound	...	38	King's Worthy	...	6
West End	...	22	Sparsholt	...	6
Twyford (flats)	...	12	Cheriton	...	4
Owslebury	...	10	Bramdean	...	2
New Alresford	...	10			



In addition, 141 houses were erected by private enterprise, as follows :

West End	...	...	35	Hursley	...	...	2
Hound	...	...	23	Itchen Valley	...	...	2
Compton	...	...	20	New Alresford	...	...	2
Hedge End	...	...	17	Twyford	...	...	2
King's Worthy	...	...	10	Littleton	...	...	2
Bursledon	...	...	5	Crawley	...	...	1
Fair Oak	...	...	4	Headbourne Worthy	...	...	1
Otterbourne	...	...	3	Owslebury	...	...	1
Bishops Sutton	...	...	2	Sparsholt	...	...	1
Botley	...	...	2	Wonston	...	...	1
Colden Common	...	...	2	Bramdean	...	...	1
Hamble	...	...	2				

The following table shows the number of houses built for the Council since the end of the war and the number of huts now in occupation :

<i>Parish</i>	<i>Tradi- tional</i>	<i>Non- tradi- tional</i>	<i>Prefabs</i>	<i>Total</i>	<i>Huts</i>
Bishop's Sutton	4	—	—	4	—
Bighton ...	4	—	—	4	—
Bramdean ...	10	10	—	20	—
Cheriton ...	4	6	—	10	—
Itchen Stoke and Ovington	6	—	—	6	—
Itchen Valley ...	10	—	—	10	—
Kilmeston ...	6	—	—	6	—
New Alresford ...	76	—	10	86	7
Old Alresford ...	10	10	—	20	—
Colden Common	14	26	8	48	—
Compton ...	14	—	—	14	—
Crawley ...	8	—	—	8	—
Hursley ...	6	—	—	6	—
King's Worthy ...	88	28	115	231	7
Littleton ...	8	—	—	8	—
Micheldever ...	19*	8	—	27	2
Otterbourne ...	18	6	—	24	—
Owslebury ...	20	2	—	22	—
Sparsholt ...	36	—	—	36	—
Twyford ...	28†	12	—	40	—
Wonston ...	18	—	—	18	—
Botley ...	48	—	—	48	4†
Bursledon ...	8	26	—	34	101
Fair Oak ...	64	12	—	76	—
Hamble ...	34	50	50	134	—
Hedge End ...	92	26	20	138	14†
Hound ...	118	77	62	257	—
West End ...	60	—	—	60	23
Totals ...	831	299	265	1,395	158

\*Includes 9 flats.      ‡Includes 12 flats.      †Rest Centre Huts.

## Requisitioned Premises

All houses requisitioned to meet wartime conditions in the district have now been derequisitioned.

## Ex-military Camps

Periodical inspections of all camps are carried out by the Inspectorate.

One is pleased to report that 45 families have been rehoused from the hutments during the year and 41 of these sub-standard dwellings demolished.

The following table shows the number and type of huts still occupied in the various camps :

<i>Camp</i>	<i>Nissen</i>	<i>Orlit</i>	<i>Timber</i>	<i>Converted brick</i>	<i>Cement concrete</i>	<i>Total</i>
Worthy Park,						
King's Worthy ...	7	—	—	—	—	7
Micheldever Station	2	—	—	—	—	2
N.F.S. Huts,						
Alresford ...	—	—	—	—	7	7
The Cricket,						
Bursledon ...	45	54	—	—	—	99
The Towers,						
Bursledon ...	—	—	2	—	—	2
The Wilderness,						
West End ...	17	—	—	—	—	17
Winslowe, West End	4	—	1	1	—	6

## Movable Dwellings

The problem of control of caravans as semi-permanent dwellings has improved during the year, mainly due to the expansion of existing sites by private owners, which has resulted in fewer individual licences for single sites being issued.

The number of licences for individual sites issued during the year was only four, and these were on sites on which applicants proposed to erect houses or bungalows for their own occupation.

A reasonable standard of sanitation, after some initial difficulties on one or two sites, has been maintained.

The Council has developed its own caravan site at Shamblehurst Lane, Hedge End, to accommodate forty caravans, which it is hoped will ease the position in the southern part of the district.

The number of camping sites in respect of which licences have been issued by the Council under Section 269 of the Public Health Act, 1936, is as follows :

(a)	Hammerton Farm, Hedge End ...	...	...	30	caravans
(b)	Matthews' Camp, Colden Common ...	...	...	24	"
(c)	Oliver's Battery, Compton ...	...	...	12	"
(d)	South Drive, Littleton ...	...	...	7	"
(e)	Taylor's Camp, Sutton Scotney ...	...	...	5	"
(f)	Spicer's Camp, Hedge End ...	...	...	5	"
(g)	The Gorse, Colden Common ...	...	...	4	"

### Temporary Building Structures

Licences issued under Section 53, Public Health Act, 1936 for buildings constructed of short-lived materials used for human habitation are as follows :

(a)	Total number of licences approved	...	...	...	212
(b)	Number renewed during the year ...	...	...	...	44
(c)	Number of new licences granted during the year	...	...	...	2

### Building Licences

The undermentioned figures indicate the amount of repair work carried out under licence by private owners in the district :

Number of applications for the repair of buildings	35
Number of licences granted	...
Number of applications refused	...
Estimated total cost of work carried out	...

### WATER SUPPLY

The Southampton Corporation water mains supply the parishes in the southern part of the district and Winchester Corporation mains, together with the Crabwood Water Company, supply water to the central parishes north of Winchester ; the further northern and eastern parishes are supplied from the Totford water scheme.

The Crabwood Water Company supply is drawn from a bore sunk at a depth of 129 feet in the chalk strata at Littleton and is pumped to a reservoir of a capacity of 80,000 gallons. The average daily amount of water pumped is 50,000 gallons. The following tables show the results of recent bacteriological and chemical examinations of the water :

#### "BACTERIOLOGICAL EXAMINATION REPORT.

Probable number of coliform bacilli, MacConkey, 2 days, 37°C.	...	...	...	...	NIL	per 100 ml.
Probable number of faecal coli	...	...	...	...	NIL	per 100 ml.

Remarks : Very satisfactory.

(Signed) H. T. FINDLAY."

#### "CHEMICAL EXAMINATION REPORT.

<i>Physical Characters.</i>			
Appearance	...	...	Clear and bright.
Odour and taste	...	...	Normal.
Reaction pH	...	...	7.3.
Microscopical appearance	...	...	Slight deposit of mineral matter and organic debris. No moving organisms.



*Chemical Results in parts per million.*

Total solids dried at 180°C.	294.8	Ammoniacal Nitrogen ...	0.002
Chlorine in Chlorides ...	17	Albuminoid Nitrogen ...	0.002
Alkalinity as CaCO <sub>3</sub> ...	225	Phosphates ...	Absent
Sulphates as SO <sub>4</sub> ...	Trace	Iron ...	Absent
Nitrate Nitrogen as N. ...	4.8	Lead ...	Absent
Nitrite Nitrogen as N. ...	Absent	Zinc ...	Absent
Oxygen absorbed from N/80 permanganate in 4 hours at 27°C. ...	0.025	Copper ...	Absent
Hardness as CaCO <sub>3</sub> { Total ...	16.8°	Clark's Scale ...	240 } Parts 183 } per 57 } million
{ Temporary ...	12.8°		
{ Permanent ...	4.0°		

Report : Chemically this water is satisfactory.

(Signed) R. WATRIDGE,  
Public Analyst."

The Council's Water Engineer reports as follows :

"The Statutory Water Supply Area of the Council, consisting of the fourteen parishes of Beauworth, Bighton, Bishops Sutton, Bramdean, Cheriton, Itchen Stoke and Ovington, Kilmeston, Micheldever, New Alresford, Northington, Old Alresford, Owslebury, Tichborne and Wonston is now widely covered by water mains, in size from 12" downwards, and totalling 53 miles.

For the parish of Owslebury, water is purchased in bulk from Southampton Corporation under an agreement of guarantee, and part of the parish of Wonston (South Wonston) is supplied from Winchester Corporation on similar terms ; the parish of Tichborne is supplied in bulk from a privately owned source.

The remainder of the area of eleven parishes and part of the parish of Wonston derives its water from the Council's own pumping station at Totford and the water is stored in two reservoirs with a total capacity of 750,000 gallons. In addition to supplying these parishes, the Totford source also affords a bulk supply to the Andover Rural District.

Various additions have been made to the original schemes, including a mains extension at Hensting Lane, Owslebury, two extensions in the Goscombe Lane area of Bishops Sutton, and several for new housing scheme sites in Owslebury and New Alresford.

Work is being started in the near future on mains extensions in the Kilmeston and Beauworth area, and further schemes are scheduled to be carried out to link Alresford to Tichborne, and Hunton to the Micheldever Station area.

When the area is fully serviced, it is estimated that the population to which mains water will be available will exceed 9,000. At the present time the number of domestic consumers is estimated at



4,868 and the number of metered supplies is 224 ; this gives a domestic consumption of 25 gallons per head per day, which is below the average figure.

Of the total consumption of water in the Water Supply area for the past year, totalling 73,140,050 gallons (plus 5,436,150 gallons to Andover Rural District), the domestic consumers account for 65 per cent and the balance of 35 per cent is by meter."

The following table shows the number of houses in each parish provided with a main water supply at the end of the year :

<i>Parish</i>	<i>Number of houses</i>	<i>Mains Supply</i>		<i>Percentage on main supply</i>
		<i>Direct to houses</i>	<i>Standpipe supply</i>	
ABBOTTS BARTON ...	9	7	—	77
BEAUWORTH ...	40	12	—	30
BIGHTON ...	57	23	—	40
BISHOP'S SUTTON ...	169	56	—	33
BRAMDEAN ...	184	43	—	23
BOTLEY ...	449	380	—	85
BURSLEDON ...	584	517	—	88
CHERITON ...	186	44	—	23
CHILCOMBE ...	32	22	—	69
COLDEN COMMON ...	392	374	—	95
COMPTON ...	404	400	—	99
CRAWLEY ...	136	132	—	98
FAIR OAK ...	463	445	—	96
HAMBLE ...	735	724	—	98
HEADBOURNE WORTHY	88	67	—	75
HEDGE END ...	884	769	—	85
HOUND ...	1,823	1,753	—	96
HURSLEY ...	259	167	43	81
ITCHEN STOKE and OVINGTON ...	97	—	—	—
ITCHEN VALLEY ...	383	281	—	73
KILMESTON ...	75	24	—	32
KING'S WORTHY ...	583	571	—	98
LITTLETON ...	209	137	—	65
MICHELDEVER ...	382	145	—	38
NEW ALRESFORD ...	631	624	—	98
NORTHINGTON ...	81	42	—	51
OLD ALRESFORD ...	155	58	—	39
OTTERBOURNE ...	202	198	—	98
OWSLEBURY ...	216	86	—	36
SPARSHOLT ...	198	186	—	94
TICHBORNE ...	100	31	—	31
TWYFORD ...	516	480	—	93
WEST END ...	1,925	1,895	—	98
WONSTON ...	374	120	—	32
Totals ...	12,605	10,814	43	85

Steady progress is being made in providing a piped supply of water to houses. It will be noted that 85 per cent of the dwelling houses in the Rural District are now connected with a mains supply.

Samples of well-water supplying 46 individual properties were subjected to bacteriological examination during the year and resulted as follows :

Number found to be satisfactory	...	...	...	...	36
Number found to be unsatisfactory	...	...	...	...	10

Where the source of water was found to be unsatisfactory, alternative supplies were arranged, a piped supply of water from company mains provided or protection given to the well to prevent ingress of surface water.

Samples for bacteriological examination of all public and private water companies have been submitted periodically during the year and have been found to be satisfactory:

## DRAINAGE AND SEWERAGE

A further thirty-eight properties have been connected to the West End sewer during the year. Three residential properties, "North Glenbourne," "South Glenbourne" and "Winton House" in West End Road, which drained into a communal cesspool on a piece of waste ground and gave rise periodically to a nuisance through overflowing, have now been connected to the sewer.

The plans for the sewerage of the parishes of Botley, Bursledon and Hedge End have been approved in principle by the Ministry.

## RODENT CONTROL

### Disinfestation of Agricultural Land

The decision this year of the Hampshire Agricultural Executive Committee to discontinue their rat destruction service to the farming community has occasioned a good deal of concern to the farmers and to Rural District Councils in Hampshire. Although the "easy-to-use" modern poison baits have become available during the last year or so and many farmers are using them, there appears to be a need for a suitable servicing company to operate in the area, so that the rats on agricultural land can be disposed of to reduce the number invading our villages at a certain season of the year.

Under the Prevention of Damage by Pests Act, 1949, our Agricultural Rodent Inspector continually carries out inspections of farm premises to ensure that adequate measures of rat control are exercised on agricultural land.

## Inspections and treatments

The following table shows the number of inspections and treatments carried out by our operative staff at the various types of properties :

Type of property	Inspections made	Treatment carried out by arrangement with occupiers		Under Sec. 5	Number of Block Treatments
		Rats	Mice		
Local Authorities' properties ...	24	40	—	—	—
Dwelling-houses } Business properties }	13,009	1,744	10	—	110
Agricultural properties ...	443	189	—	—	—
Totals ...	13,476	1,973	10	—	110

Number of dead rats recovered ... .. 4,322

## REFUSE COLLECTION

There has been no change in the method of scavenging during the year. Dry household refuse is collected in freighters and taken to tips situated at Bramdean, Bursledon, Colden Common, Micheldever and Sparsholt.

The scavenging staff appear to have difficulties in obtaining sufficient covering material at certain seasons of the year. The proper covering of refuse tips with suitable covering material is a most important function from the health point of view.

## INSPECTION AND SUPERVISION OF FOOD

### (a) Milk

During the year renewals of licences issued by this Council were as follows :

Licences to pasteurise milk	...	...	...	2
Dealers' licences for pasteurised milk	...	...	...	4
Dealers' licences for tuberculin tested milk	...	...	...	5
Supplementary licences for pasteurised milk	...	...	...	9
Supplementary licences for tuberculin tested milk	...	...	...	8
Supplementary licences for sterilised milk	...	...	...	4



Routine sampling of pasteurised milk and heat-treated milk was carried out as shown :

		<i>Number of samples</i>	<i>Satisfactory</i>	<i>Not Satisfactory</i>
Pasteurised	...	50	46	4
Heat-treated	...	—	—	—

**(b) Meat and Other Foods**

Details of meat and other foods inspected at retail shops and depots and condemned as unsound during the year are :

<b>Meat</b>				<b>Other Foods</b>			
			<i>lbs.</i>			<i>lbs.</i>	<i>ozs.</i>
Beef	...	...	616	Fishpaste	...	12	0
Bacon	...	...	248	Suet	...	6	0
Imported Lamb's Liver	...	...	60	Sausage Meat	...	20	0
Imported Beef	...	...	49	Soup	...	6	0
Pork	...	...	41	Fruit Juice	...	2	7
Liver	...	...	10	Bananas	...	1	5
Oxtail	...	...	3	Mushrooms	...		8
				Tomato puree	...		8
<b>Canned Food</b>							
			<i>lbs.</i>				<i>ozs.</i>
Meat	...	...	39				0
Fruit	...	...	133				0
Milk	...	...	11				0
Vegetable	...	...	11				7
Jam	...	...	8				13
Fish	...	...	3				0

**Sampling of Food**

The Hampshire County Council is the sampling authority under the Food and Drugs Acts, 1938-50. Details of substances sampled within this district during the year by their Chief Inspector are as follows :

<i>Article</i>				<i>Samples taken</i>	
				<i>Genuine</i>	<i>Unsatisfactory</i>
Butter and other fats	...	...	...	5	—
Drugs	...	...	...	6	2 (Liquorice Powder)
Meat Products	...	...	...	6	—
Spirits	...	...	...	10	—
Milk	...	...	...	135	7 (Channel Islands)
Other foods	...	...	...	16	—
Totals	...	...	...	178	9

The 142 samples of milk contained an average of 4.03 per cent milk fat and 8.75 per cent non-fatty solids.

**Unsatisfactory milk samples**

Eleven samples of Channel Islands milk were taken from a producer at Sparsholt on delivery to wholesalers and contained 3.4



3.8 ; 3.7 ; 3.7 ; 5.0 ; 5.1 ; 5.3 ; 5.5 ; 3.3 ; 3.6 and 3.6 per cent milk fat respectively (average 4.19 per cent milk fat). The wholesalers were informed of these analyses and they now mix the whole consignment together before delivery to their customers.

### Unsatisfactory Drugs

Two samples of Liquorice Powder (one informal) were certified to be samples of Powdered Liquorice. They were taken from the same chemist. The matter was taken up with the manufacturers concerned, who stated that the samples formed the residue of a small batch packed years ago and incorrectly labelled "Liquorice Powder." They pointed out that they had destroyed their stock of the article and that the purchasers had not paid an excessive price for it. As this was the first offence against the firm it was decided that proceedings should not be taken.

### Ice-cream Premises

The number of premises registered for the sale of ice-cream in the district at the end of the year was 97. Periodical inspections and sampling where necessary have been carried out.

The number of new registrations during the year under Section 14 of the Food and Drugs Act, 1938, was as follows :

(a) Sale of pre-packed ice-cream only ... ..	9
(b) Sale of bulk ice-cream only ... ..	nil
(c) Sale of pre-packed and bulk ice-cream ... ..	1

Samples of ice-cream manufactured in the district have been periodically sampled and found to be satisfactory.

## FACTORIES ACT, 1937

### Inspection of Factories, Workshops and Workplaces

The following table shows the number of inspections carried out and the number of notices served during the year :

<i>Premises</i>	<i>Number on register</i>	<i>Number of inspections</i>	<i>Number of written notices</i>	<i>Occupiers prosecuted</i>
Factories (with mechanical power) ... ..	125	21	1	—
Factories (without mechanical power) ... ..	29	47	3	—
Other premises under the Act (including works of building construction, but not including outworkers' premises) ... ..	—	—	—	—
Totals ...	154	68	4	—

## SUMMARY OF VISITS AND INSPECTIONS

The following table shows the number of visits and inspections carried out during the year under the various Acts and Statutory Regulations :

<i>Statute</i>	<i>Nature of visit</i>	<i>No. of inspections</i>	
Milk and Dairies Regulations	Inspections for reconstructions, alterations and conditions of cleanliness ...	13	
Factories Act, 1937	Examination of means of escape in case of fire ... .. Routine inspections ... ..	3 68	
Shops Act, 1934	Inspection of premises ... ..	4	
Food and Drugs Act, 1938	Inspection of premises ... ..	111	
Housing Act, 1936	(a) Houses inspected in respect of essential repairs ... .. (b) Re-inspection of premises ... .. (c) Investigation of housing applications ... .. (d) Number of dwelling houses found not to be in all respects fit for human habitation ... .. (e) Defects remedied during the year without service of formal notice in consequence of informal action by the Council or their officers ... .. (f) Action under statutory powers under the Public Health and Housing Acts : Number of dwelling houses in respect of which formal notices were served requiring repairs ... ..	48 20 832    	48    44  nil
Public Health Act, 1936	(a) Inspection of premises ... .. (b) Nuisances found and remedied ... .. (c) Re-inspections ... .. (d) Inspections in connection with water supplies ... .. (e) Visits and disinfections in connection with notifiable diseases ... .. (f) Drainage inspections ... ..	188 177 498 426 88 396	
Rodent Control ' '	Number of premises surveyed ... ..	13,476	
	Interviews ... ..	783	
	Total ... ..	17,131	